

5. No. 2  
1-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2100

State File No. ....

FILED JAN 25 1944

Registration District No. ....

Primary Registration District No. 1503

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Bachanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town PLATTSBURG  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Josiah David Ellenberger

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased June 16 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 24 hr. .... min.

9. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER

12. Name ERIN ELLENBERGER  
13. Birthplace PENNA.  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZA NEWBY  
15. Birthplace IOWA  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Bashor  
(b) Address 505 W. 8th Loveland Colo.

17. (a) Burial (b) Date thereof 1 12 -44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation PLATTSBURG, MO.

18. (a) Signature of funeral director Lyon Funeral Home

(b) Address Plattsburg Mo

19. (a) 1-12-44 (b) Olse Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10  
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1944 to Jan 10 1944  
that I last saw him alive on Jan 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 40.5 days

Due to .....

Due to .....

Other conditions arterio-sclerosis indolent  
(Includes pregnancy within 3 months of death)

General findings none

Of operations .....

Of autopsy none 108

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury D

23. Signature E. M. Shores (M. D. or other) MD

Address 317 Kirkpatrick Bldg Date signed 1-10-44

1233

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Donell D. Lyon*

Licensed Embalmer No.

*3640*

P. O. Address

*Plattsburg, N.Y.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**